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**FACSIMILE TRANSMISSION COVER SHEET**

Date: December 14, 2004

To: United States Patent and Trademark Office  
Examiner: Levi, Dameon E.; Art Unit: 2841

Fax: (703) 872-9306

Re: Application Serial No.: 10/623,243  
Filing Date: 7/17/2003; First-Named Inventor: Alawani  
Attorney Docket No.: 0140111

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

**Message:**

Enclosed please find the Response to the Final Office Action dated November 22, 2004.

Thank you.

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Attorney Docket No.: 0140111

**AMENDMENT COVER SHEET**

IN RE APPLICATION OF: Alawani, et al.

SERIAL NO.: 10/623,243 FILED: July 17, 2003

FOR: Overmolded MCM with Increased Surface Mount Component Reliability

HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

 No additional fee is required. The fee has been calculated as shown below: EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

 TOTAL EXTENSION FEE \$ 0.00 FEE FOR EXTRA CLAIMS added by Amendment in this response:

Column 1	Column 2		Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

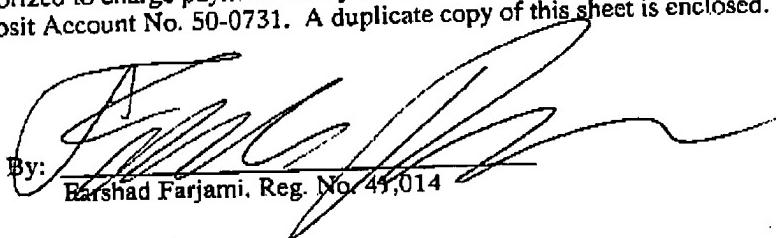
\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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DEC 14 2004 Attorney Docket No.: 0140111

- Total fee for Supplemental Information Disclosure Statement \$ \_\_\_\_\_.
- Enclosed is the total fee of \$ \_\_\_\_ (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$ \_\_\_\_\_.
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 12/14/04  
By: Farshad Farjami, Reg. No. 45,014CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 703-872-9306 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date  
12/14/04Signature  
Christina CarterChristina Carter

Name of Person Performing Facsimile Transmission

Farshad Farjami, Esq.  
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Attorney Docket No.: 0140111

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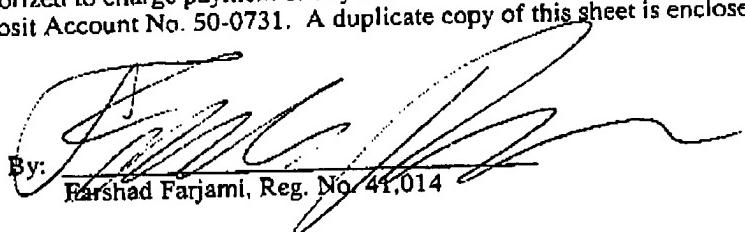
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By: Farshad Farjami, Reg. No. 41,014

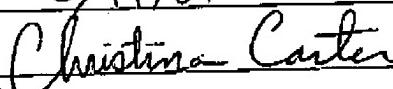
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Art Unit: 2841

Examiner: Levi, Dameon E.

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**RESPONSE TO FINAL OFFICE ACTION**

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final* Office Action dated November 22, 2004 in the above-referenced patent application. Please consider the following remarks.